

TO: Applicant for State Certification as a Certified Nurse Midwife

FROM: Nebraska Dept. Of Health & Human Services Regulation and Licensure
Credentialing Division (402) 471-2666 or fax (402) 471-1066

We are pleased that you wish State Certification as a Nurse Midwife in Nebraska. Authority to practice as a Certified Nurse Midwife in Nebraska is based upon two criteria:

1. Requirements for Certification as a Nurse Midwife; and
2. Requirements Prior to Commencing Practice.

REQUIREMENTS FOR CERTIFICATION

To qualify for certification as a Nurse Midwife in Nebraska you must:

1. Have a current Registered Nurse license in Nebraska or a multi-state RN license from another compact state under the Nurse License Compact Act;
2. Have completed an approved nurse midwifery education program that has been accredited by the American College of Nurse Midwives;
3. Have taken and passed the national certification examination for nurse midwives given by the American College of Nurse Midwives; and
4. Within the previous five years, have graduated or practiced as a nurse midwife.
5. Submit to a criminal background check.

To apply for certification, you must submit the following:

1. **APPLICATION**
2. **FEE** of \$25 which is non-refundable
3. **OFFICIAL TRANSCRIPT.** Transcripts must be submitted directly from the institution where you completed your nurse midwifery course of study. The institution may charge a fee for this service.
4. **NATIONAL CERTIFICATION.** Verification of having passed the certifying examination verification of current certification from the American College of Nurse Midwives must be submitted. If you are a new graduate, please make arrangements for the examination results to be sent to our office.
5. **ACTIVE RN LICENSURE VERIFICATION.** If active RN licensure is in Nebraska, no action is required to meet this requirement. If your primary state of residence under the Nurse Licensure Compact is Nebraska and your Nebraska RN license is inactive or lapsed, you must reinstate your Nebraska RN license. If your primary state of residence is a compact state other than Nebraska and you have a multi-state license in that state, please refer to the instructions on the NURSUS License Verification Request Form. If your primary state of residence is a compact state and you have a multi-state RN license in that state and it is not covered by NURSUS, please contact the state directly for Verification of Primary State (form enclosed). If your primary state of residence is a non-compact state, you must apply for licensure as an RN in Nebraska.

Primary state of residence, under the Nurse Licensure Compact, means that it is your declared fixed permanent and principal home for legal purposes and is your domicile. Indicators of a domicile include, but are not limited to, where real property is located, where the person pays state taxes, votes, is licensed to operate a motor vehicle, etc.

Click [here](#) for a complete listing of compact states.

Temporary permits. A temporary permit, as part of the licensure process, may be issued to:

1. Graduates pending results of the first certifying examination following graduation if a written test is given and for 60 days when computerized testing is offered; and
2. Applicants, for 120 days, who are lawfully authorized to practice in an advanced role in another state pending completion of the application process; or
3. Applicants, who meet all of the criteria for certification as a CNM except the continued competency requirements and who require a reentry program or supervised practice.

To apply for a temporary permit as a new graduate, you must submit the following:

1. Application;
2. Application fee of \$25 which is non-refundable;
3. Official Transcript or a letter attesting to completion from the program chair from your nurse midwifery program indicating completion;
4. Verification from the American College of Nurse Midwives that you are seated for the first certifying examination following graduation. (a copy of your authorization will meet this requirement) or a copy of your authorization to test when computerized testing is offered; and
5. If RN licensure is other than Nebraska, verification of active multi-state RN license/temporary permit from another compact state. A notarized copy of your RN license/temporary permit will meet this requirement for purposes of obtaining a temporary permit.

To apply for a temporary permit if you have current advanced practice licensure/recognition in another state, you must submit the following:

1. Application;
2. Application fee of \$25 which is non-refundable;
3. A notarized copy of advanced practice licensure/recognition in another state; and
4. If RN licensure is other than Nebraska, verification of active RN multi-state license/temporary permit from another compact state. A notarized copy of your RN license/temporary permit will meet this requirement for purposes of obtaining a temporary permit.

To apply for a temporary permit if you have not graduated or practiced within the past five years and need to take a reentry program or complete supervised practice, you must submit:

1. Application;
2. Application fee of \$25 which is non-refundable;
3. Verification that you are registered for a reentry program or have made arrangements for supervised practice and a letter from the program listing the beginning and ending clinical dates; and
4. If RN licensure is other than Nebraska, verification of active RN multi-state license/temporary permit from another compact state. A notarized copy of your RN license/temporary permit will meet this requirement for purposes of a temporary permit.

YOU MUST HAVE EITHER A LICENSE OR A TEMPORARY PERMIT PRIOR TO PRACTICING.

Once your credentials begin arriving in our office you have 60 days to complete your application. After that time an incomplete application file will be discarded.

REQUIREMENTS PRIOR TO COMMENCING PRACTICE

Prior to commencing practice in Nebraska, you must submit a Certified Nurse Midwifery Practice Agreement with a collaborating physician/substitute physician that has been approved by the Board of Nursing and the Board of Medicine and Surgery.

1. Please read the Practice Agreement carefully.
2. Any change in the Practice Agreement must be requested and approved by the Boards before the change can occur.
3. All delegated medical functions require protocols.

If you have any questions regarding your Practice Agreement, please contact Dr. Sheila Exstrom, RN, PhD, Department of Health and Human Services Regulation and Licensure, (402) 471-4917.

CONTROLLED SUBSTANCE REGISTRATION

CNMs are not eligible for federal Controlled Substance Registration. As a delegated medical act, CNMs may prescribe legend drugs, Controlled Substances Schedules III – V, and Controlled Substance Schedule II for pain control only and only for 72 hours. The CNM must record the physician's Controlled Substances Registration (DEA #) or MD name on any written prescription for controlled substances. Even if the prescription is not for a controlled substance, it is beneficial for purposes of reimbursement and ease in filling prescriptions to have a controlled substance registration (or MD name) on the prescription as the pharmacies in Nebraska track billing and payment based upon the DEA # .

APPLICATION COMPLETION REMINDERS:

- ☐ Have you completed your application and had it notarized?
- ☐ Have you submitted the required \$25 fee?
- ☐ Have you requested an Official Transcript? There will be a fee for this service.
- ☐ Have you requested Verification from the American College of Nurse Midwives?
- ☐ Have you submitted the appropriate requirements for a temporary permit if you are requesting same?
- ☐ Have you had your fingerprints submitted according to the enclosed instructions?

If after carefully reading these instructions and the enclosed regulations you have questions regarding this process, or need assistance in completing the procedure, please call (402) 471-2666.

CRIMINAL BACKGROUND CHECKS

Instructions

LB 306 was passed by the 2005 Nebraska Legislature. This law goes into effect September 4, 2005, and will be codified as Neb. Rev. Stat. §71-104.01.

An applicant for an initial license to practice a profession which is authorized to prescribe controlled substances as determined by the department shall be subject to a criminal background check. The applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. This section shall not apply to dentists who are applicants for temporary practice rights (locum tenens) under subdivision (5) of section 71-183.01 or to physicians and surgeons who are applicants for temporary practice rights (locum tenens) under subdivision (17) of section 71-1,103.

To avoid delays in processing your application for licensure, fingerprints should be obtained and submitted to the Nebraska State Patrol at the same time as you submit your application for licensure to the Department.

Fingerprinting Procedure

1. **If you received a printed application from our office**, two fingerprint cards were enclosed. Take the fingerprint cards to any State Patrol office or law enforcement agency. Contact information for the Nebraska State Patrol offices is included with these instructions. No appointment is necessary for the Lincoln location. The Lincoln location is open Monday through Friday, 8 a.m. to 4 p.m. for fingerprinting. You must call ahead to schedule an appointment at the Nebraska State Patrol offices located outside of Lincoln to ensure that someone will be there to conduct the fingerprinting. These offices have limited hours when fingerprinting will be conducted.
2. The Nebraska State Patrol does not charge for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or other states may charge a fee.
3. **If you obtained your application online**, fingerprint cards can be obtained by contacting our office or from any State Patrol office or law enforcement agency.
4. **DO NOT FOLD THE FINGERPRINT CARDS.**
5. You must take one form of photo ID with you when obtaining your fingerprints. Acceptable forms of ID include a driver's license, visa or passport. If you are from a foreign country and do not have one of these forms of photo identification, provide any documentation issued by your country, legal sovereign or consulate.
6. You may print your name, address, Social Security Number, date and place of birth, and physical identifiers on the fingerprint cards. **DO NOT sign the fingerprint cards** until the law enforcement officer has verified your signature with the form of identification that you provide. **DO NOT write in the field labeled ORI.** In the space on the fingerprint cards marked "Reason Fingerprinted", you should print the following: **"R & L Health Credentialing"**.

7. After the fingerprinting procedure is completed, the cards will be given to you. **DO NOT FOLD THE FINGERPRINT CARDS.** Place the cards in the envelope provided (if you obtained the cards from us), along with a personal check, money order or cashier's check for the appropriate fee listed below, payable to the Nebraska State Patrol, and drop it in the mail. If you obtained the cards from a State Patrol office or other law enforcement agency, you will need to place the cards and the payment in an envelope addressed to:

Nebraska State Patrol
CID Division
P.O. Box 94907
Lincoln, NE 68509

Fees

Fingerprints submitted on or after June 1, 2006, must include payment of \$38.00.

8. It may take several weeks for your criminal background check to be received by the Department. No licensing decision will be made until all information is received.

Offices of the Nebraska State Patrol

Days/Hours that Fingerprinting is Conducted

Troop A
4411 S. 108th St.
Omaha, NE 68137
Phone: 402/595-2410

Wednesday mornings from 8:00 a.m. to noon
(appointment required)

Troop B
1401 Eisenhower Ave.
Norfolk, NE 68701
Phone: 402/370-3456

Usually on Tuesdays
(appointment required)

Troop C
3431 Potash
Grand Island, NE 68802
Phone: 308/385-6000

Mondays from 10:00 a.m. to noon
and from 1:00 p.m. to 2:45 p.m.
(appointment required)

Troop D
300 West South River Road
North Platte, NE 69101
Phone: 308/535-8265 ext. 219

Monday, Tuesday, Thursday, Friday
from 8:30 a.m. to 5:00 p.m.
Wednesday from 8:30 a.m. to 2:30 p.m.
(appointment required)

Troop E
4500 Avenue I
Scottsbluff, NE 69361
Phone: 308/632-1211

Wednesdays after 1:00 p.m.
(appointment required)

Criminal Identification Division (CID)
233 S. 10th St.
Lincoln, NE 68508

Monday through Friday 8:00 a.m. to 4:00 p.m.
(no appointment necessary)

This form may be completed online, printed and mailed to the address listed below.

**Department of Health & Human Services Regulation and Licensure
Credentialing Division, PO Box 94986
Lincoln NE 68509**

<http://www.hhs.state.ne.us/crl/nursing/nursingindex.htm>

(402) 471-2666 or fax (402) 471-1066

Fee: \$25.00 – Non-Refundable

APPLICATION FOR CERTIFICATION: CERTIFIED NURSE MIDWIFE

A – Personal Information

Name:	Last:	First:	Middle:	Other Names:
Address:	Street/PO/Route:			
	City:	State:	Zip:	
Telephone:	Home:		Work:	
Social Security #		Date of Birth	Place of Birth	

B. Education:

Midwifery Educational Program

Name				
Address	Street/PO/Route:			
	City:	State:	Zip:	
Date Completed				

Temporary Permit: If you are a new graduate and requesting a temporary permit prior to the availability of your official transcript, you must have the midwifery education program chair submit a letter attesting to your successful completion of program requirements

To be eligible for certification in Nebraska, an official transcript must be submitted directly from your nurse midwifery program. Ask the program to indicate your current name if transcripts are in a different name.

C. License Eligibility Information:

1	You must hold a current license as a Registered Nurse in Nebraska or hold a multi-state RN license from another compact state under the Nurse License Compact Act. Click here for verification request form if you hold a multi-state RN license from another compact state. (Please see the instruction sheet for a list of compact states and further instructions regarding provision of verification.)			
	State		RN License #	
2	Have you ever been denied a license/certificate to practice in another state or jurisdiction?			Answer Yes or No
3	Are there any pending complaints or disciplinary action, OR have disciplinary proceedings ever been instituted against any license/certification by a licensing agency?			Answer Yes or No
4	Have you ever been convicted of or are there now pending any criminal or misdemeanor prosecutions against you in any court other than a minor traffic violation?			Answer Yes or No
If you marked yes, you must submit a letter of explanation.				
5	If more than 5 years has elapsed since graduation, have you practiced within the previous 5 years?			Answer Yes or No
If no, please contact this office for information regarding a reentry program.				

D - National Certification

You must have successfully passed/or be scheduled to take the National Midwifery Certification Examination given by the American College of Nurse-Midwives Certification Council, Inc. or similar examination approved by the boards to qualify for certification in Nebraska.

Date Scheduled for Exam

Date successfully completed
Exam

Temporary Permits: If have not yet taken the National Midwifery Certification Examination, you must submit verification of being scheduled for the examination to be eligible for a temporary permit. Please submit a copy of your official eligibility from the American College of Nurse Midwives Certification Council, Inc. which identifies the examination date for which you are registered. If you have already successfully passed the examination, please submit a copy of your current national certification status or other document indicating successful completion of the examination.

An official record from the American College of Nurse-Midwives Certification Council, Inc. attesting to having passed the National Midwifery Certification Examination must be submitted to qualify you for certification as a nurse midwife in the State of Nebraska. Please contact the Council and ask them to send official notification of the date of examination you successfully completed.

State of _____ County of _____

I _____ confirm that I am the person referred to in this Application for Certification as an CNM in the State of Nebraska; that the statements here in are true and complete to the best of my knowledge.

Legal Signature of Applicant _____

Date _____

Licensure Fee is \$25 and is non-refundable. Make check or money order payable to Credentialing Division and return with application in the enclosed envelope.

Reminder: *An official transcript and verification of having passed the certification examination from the American College of Nurse-Midwives Certification Council, Inc. must be sent directly to this office*

**Health and Human Services Regulation and Licensure
Credentialing Division, PO Box 94986
Lincoln NE 68509
402/471-4376 or fax 402/471-1066**

NURSE MIDWIFE PRACTICE AGREEMENT

Between:

Name		Phone (H)	
Address		Phone (B)	
		R.N. Lic No.	

Hereinafter referred to as a Nurse Midwife and legally defined as a Certified Nurse Midwife (CNM) who meets the requirements as defined in *Neb Rev Stat 71-1748* and who holds a current license as a CNM issued by the Department

and the collaborating physician(s) named below:

Physician Name		Physician Name	
Address		Address	
License #		License #	
Specialty		Specialty	
Physician Name		Physician Name	
Address		Address	
License #		License #	
Specialty		Specialty	

Hereinafter referred to as physician(s) and legally defined as a Nebraska licensed physician whose practice includes obstetrics.

at the practice sites identified below:

Office		Office	
Address		Address	
Hospital		Hospital	
Address		Address	
Public Health Agency		Public Health Agency	
Address		Address	

Whereas, the parties have developed this practice agreement provided for under Nebraska Revised Statutes, Chapter 71-1750 and 71-1753; and

Now therefore, it is agreed by and between the physician(s) and the nurse midwife hereto:

1. This agreement shall not take effect until it has been completely executed and a copy with notarized signatures has been filed in the office of the Department of Health & Human Services Regulation and Licensure, and a copy of which along with an authority letter has been returned to the nurse midwife and available at the work site; and
2. This agreement shall be continuous so long as conditions remain as agreed between parties on date of execution. Any change in terms of this agreement renders this practice agreement void. Any change in terms of practice agreement requires that an amendment to the agreement be filed with the Department of Health & Human Services Regulation and Licensure and approval granted by the Boards and authorized through an authority letter prior to the change taking effect. The CNM and collaborating physician have a duty to notify the Department of the termination of this agreement.
3. The collaborating physician(s) shall be responsible for supervision through ready availability for consultation and direction to the CNM when any delegated medical functions are provided by the CNM; and
4. The CNM and collaborating physician shall have jointly approved protocols for all delegated medical functions which shall guide the CNM's practice. The protocols shall be reviewed, updated, and reaffirmed by both parties on a regular basis and no less frequently than every two (2) years. Protocols must be available at all work sites; and
5. The specific medical functions delegated to the nurse midwife shall be based upon the educational preparation and continued experience of the nurse midwife. Validation, including documentation, of education/training and assessment of competency shall be the responsibility of the nurse midwife and the physician. Specific medical functions may include:
 - a) attending cases of normal childbirth;
 - b) providing prenatal, intra-partum, and postpartum care;
 - c) providing normal obstetrical and gynecological services for women;
 - d) providing care for the newborn immediately following birth; and
 - e) prescribing legend drugs, Schedule II controlled substances for up to 72 hours and for pain control, and Schedule III, IV, and V controlled substances.

STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this Practice Agreement as a nurse practitioner in the State of Nebraska; that the statements herein contained are true to the best of my knowledge and belief; and that I have read and understand the affidavit.

Legal Signature of Applicant _____

Date _____

STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this Practice Agreement as a physician in the State of Nebraska; that the statements herein contained are true to the best of my knowledge and belief; and that I have read and understand the affidavit.

Legal Signature of Applicant _____

Date _____

STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this Practice Agreement as a physician in the State of Nebraska; that the statements herein contained are true to the best of my knowledge and belief; and that I have read and understand the affidavit.

Legal Signature of Applicant _____

Date _____

STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this Practice Agreement as a physician in the State of Nebraska; that the statements herein contained are true to the best of my knowledge and belief; and that I have read and understand the affidavit.

Legal Signature of Applicant _____

Date _____

STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this Practice Agreement as a physician in the State of Nebraska; that the statements herein contained are true to the best of my knowledge and belief; and that I have read and understand the affidavit.

Legal Signature of Applicant _____

Date _____

**HEALTH AND HUMAN SERVICES SYSTEM, REGULATION & LICENSURE
CREDENTIALING DIVISION, NEBRASKA BOARD OF NURSING
PO Box 94986, 301 Centennial Mall South
Lincoln NE 68509-4986
Telephone: (402) 471-4376 FAX: (402) 471-1066**

PART 1: To be Completed by the APPLICANT and forwarded to PRIMARY STATE OF RESIDENCE

Name (Last, First, Middle, Maiden) _____ Previous Name (s) _____

Current Address _____ City/State/Zip code _____

Date of Birth (mo/day/yr) _____ Social Security Number _____ License # _____ Type (RN/LPN) _____ State _____

Name as it appears on original license (Last, First, Middle, Maiden) _____ Original State of Licensure _____

Original License # _____ Type (RN/LPN) _____ Date Issued _____

LIST ALL OTHER STATE OF LICENSURE:

State: _____ License # _____ Date Issued: _____
 State: _____ License # _____ Date Issued: _____
 State: _____ License # _____ Date Issued: _____
 State: _____ License # _____ Date Issued: _____

I hereby authorize all identified Boards of Nursing to release my licensure date to the _____ Board of Nursing.

Signature _____ Date _____

Part II: To be completed by the LICENSING BOARD and forwarded to the Nebraska Board of Nursing

This is to certify that the above named individual was issued license number _____ Date issued _____

To practice ☐ Registered Nursing ☐ Practical/Vocation Nursing

Licensed by ☐ Examination ☐ Endorsement ☐ Waiver Current status ☐ Active ☐ Inactive ☐ Lapsed
 _____ Expiration Date

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation)? _____

If Yes please explain _____

Nursing Education Program _____ Approved by State? _____

Location (state) _____ Graduation date _____

State Board Test Pool Exam						LP/VN	NCLEX-RN	NCLEX-PN
	Medical Nursing	Surgical Nursing	Obstetric Nursing	Pediatric Nursing	Psychiatric Nursing			
Score								
Series/ Form								

State/Provincial Constructed Exam _____ Score _____
 CNATS Exam _____ Number of times applicant wrote exam _____
 Other (Please Explain) _____ Exam in English? _____

SEAL

Signature _____
 Title _____
 State _____ Date _____